STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey and complaint investigation 79466 at the above named assisted living facility conducted on 1-15-15 and 1-20-15.	S 000		
S3130 SS=F	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met: (1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility. (2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility. (3) A written order from a medical care provider is obtained for admission. (4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility. (5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident. (6) Direct care staff are present in the special care section or facility at all times. (7) Before assignment to the special care section	S3130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3130	Continued From page 1	S3130		

or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records.
(8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility.
(9) The control of exits in the special care section is the least restrictive possible for the residents in that section.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-203(d)

The facility reported a census of 64 residents with 22 residents residing in memory care units. The sample included 3 residents and 3 closed record reviews. Based on record review and interview for 2 (#1, #3) of 2 residents residing in the memory care unit, the administrator failed to ensure that before resident #1 and #3's admission to the special care section of the facility: written policies and procedures were developed and implemented for the operation of the special care section; a written order from a medical care provider was obtained for admission; and the resident's legal representatives were informed, in writing, of the available services and programs that were specific to the needs of residents #1 and #3.

Findings included:

- Observation during tour of the facility accompanied by licensed staff A on 1-15-15 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3130	Continued From page 2	S3130		

10:15 am revealed 2 locked units designated as memory care units. All doors on both units keypadded. Licensed staff A confirmed the census of unit 1 with 15 residents and unit 2 with 7 residents per the resident roster. Stated the second unit was opened in November 2014.

- Record review for resident #1 revealed admission on 2-1-13 with diagnoses Alzheimer's Dementia, Hypertension, Dysphonia, Degenerative Joint Disease, and Obesity.

The functional capacity screen dated 10-1-14 recorded resident required physical assistance with bathing and dressing; independent with toileting, transfers and walking/mobility; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with short term memory. Current problems/risks identified included: falls/unsteadiness, impaired vision, and impaired decision-making.

The negotiated service agreement dated 10-1-14 recorded services for physical assistance with bathing (daily), and dressing (morning and evening); toileting assistance every 2 hours (as of 12-16-14) and assistance with all aspects of medication management:

Nurse's Notes:
1-3-15 at 11:00 am: (Resident) was observed walking out of facility, stating he/she was going to meet his (family member) outside. Staff present with resident while he/she was ambulating off facility. Resident redirected back into building, but he/she attempted on 3-4 different occasions to go outside. Seroquel 1/4 tablet offered as ordered for behavior. Resident taken to memory care unit to prevent any attempt and possible

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3130	Continued From page 3	S3130		

elopement. Resident at 1:10 pm observed sleeping on couch on unit's common area. No further attempts of elopement. Family member notified via phone voicemail." Signed by licensed nurse B.

1-6-15 at 10:40 pm: "(Resident) continues to show signs of increased confusion. Was on the lockdown unit for the better half of the day. Constant supervision provided..." Signed by licensed nurse B.

1-12-15 at 10:20 am: "Resident adjusting well to move from assisted living to memory care unit. Movers are moving his/her things into new apartment...appears to be in pleasant mood. Socializing with another resident he/she knew previously from assisted living." Signed by licensed nurse C.

The record lacked a medical care provider's written order to transfer resident #1 to the memory care unit.

Interviews on 1-15-15 at 2:45 pm and 4:30 pm with administrator, licensed staff A and administrative staff D confirmed resident #1 was moved to the memory care unit on 1-12-15. Further confirmed there were no written policies and procedures specific to the memory care unit; nothing in writing was provided to the family regarding the programs and services available on the memory care unit specific to the needs of resident #1; and that there was no physician's order to transfer the resident to the memory care unit.

- Record review for resident #3 revealed admission on 1-19-13 with diagnoses Depression, Pain, Hypertension, Hypothyroidism,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3130	Continued From page 4	S3130		

Hyperlipidemia, Hypercholesterolemia, Gastroesophageal Reflux Disorder and Edema.

The functional capacity screen dated 10-5-14 recorded resident required physical assistance with bathing, dressing, and toileting; supervision with transfers and walking/mobility; independent with eating; and unable to perform management of medication and treatments. Frequently incontinent of bladder. Cognition: problems with short term memory and decision-making.

The negotiated service agreement dated 10-5-14 recorded services for physical assistance with bathing, dressing and all aspects of toileting, no assistance with ambulation (uses rolling walker) and assistance with all aspects of medication management on a daily basis.

Nurses's Notes: 12-21-14 (time unknown): "Resident moved to memory care unit with spouse with family's assistance..." Signed by licensed nurse E

The record lacked a medical care provider's written order to transfer resident #3 to the memory care unit.

Interview on 1-15-15 at 2:45 pm with administrative staff D stated the memory care units are locked units with a higher staffing ratio, increased activities, less noise and confusion, quieter environment. When residents walk out of their apartments everything is in front of them, don't have to make a decision where to go, which hall to walk down. Staff can keep eyes on them much easier.

Interview on 1-20-15 at 11:39 am with licensed staff A confirmed there was no physician's order

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3130	Continued From page 5 to transfer resident from assisted living to the memory care unit. Stated we transfer after we speak with the family; further confirmed nothing in writing was provided to the family regarding the programs and services available on the memory care unit specific to the needs of resident #3. The administrator failed to ensure before resident #1's and #3's admission to the special care section of the facility: written policies and procedures were developed and implemented for the operation of the special care section; a written order from a medical care provider was obtained for admission; and the resident's legal representative was informed, in writing, of the available services and programs that were specific to the needs of residents #1 and #3.	S3130		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 64 residents. The sample included 3 residents and 3 focus review residents. Based on record review and interview for 1 (#2) of 3 sampled residents, the administrator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included:	S3171		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3171	Continued From page 6 - Record review for resident #2 revealed admission on 1-21-13 with diagnoses Dementia, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Edema and Hypertension. The functional capacity screen dated 10-1-14 recorded resident unable to perform management of medications and treatments. The negotiated service agreement dated 10-1-14 recorded assistance with all aspects of medication management on a daily basis. Record review of verbal orders revealed the following: 8-19-14: home health for wound care Mepilex to buttock pressure wound change every 3 days and as needed. 9-25-14: electrocardiogram stat, order event monitor. 12-18-14: urinalysis for culture and sensitivity. All orders lacked a physician signature. Interview on 1-15-15 at 3:30 pm with licensed nurse A confirmed the orders lacked a physician signature. For resident #2, the administrator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice.	S3171		
S3200 SS=E	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3200	Continued From page 7 administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 64 residents. The sample included 3 residents and 3 close record reviews. Based on record review and interview for 1 (#2) of 3 sampled residents and 1 (#5) of 3 closed record reviews, the administrator failed to ensure that all medications and biologicals are administered to the resident in accordance with a medical care provider's written order, and professional standards of practice. Findings included: - Record review for resident #2 revealed admission on 1-21-13 with diagnoses Dementia, Chronic Obstructive Pulmonary Disease, Hyperlipidemia, Edema and Hypertension. The functional capacity screen dated 10-1-14 recorded resident unable to perform management	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3200	Continued From page 8 of medications and treatments. The negotiated service agreement dated 10-1-14 recorded assistance with all aspects of medication management on a daily basis. Review of Medication Administration Record (MAR) for December 2014 revealed the following: Acetaminophen 325 mg (milligrams) 2 tabs (tablets) by mouth three times daily for pain: lacked documentation of administration on 12-21-14 at 12:00 pm; Albuterol nebulizer treatment four times a day for 7 days for shortness of air: lacked documentation of administered on 12-21-14 at 12:00 pm; Advair Diskus 250/50 inhale 1 puff every 12 hours for asthma: lacked documentation of administration on 12-21-14 at 8:00 am; Aspirin 81 mg by mouth daily for atrial fibrillation: lacked documentation of administration on 12-21-14 at 8:00 am; Augmentin 500/25 mg by mouth twice a day for 7 days for urinary tract infection: lacked documentation of administration on 12-21-14 at 8:00 am. Physician order dated 1-10-15: Cipro 250 mg tab by mouth twice a day for 7 days for urinary tract infection. Review of MAR for January 2015 revealed the following: Cipro 250 mg tab by mouth twice a day for 7 days for urinary tract infection: lacked documentation of administration on 1-11-15 at 8:00 am and 8:00 pm, 1-12-15 at 8:00 am and 8:00 pm, 1-13-15 at 8:00 am. Documentation on back of MAR stated medication "not available" for these days and times.	S3200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3200	Continued From page 9	S3200		

Interview on 1-15-15 at 3:24 pm with licensed nurse A confirmed the above medications lacked documentation of administration. Further confirmed the record lacked documentation of physician notification that resident failed to start the Cipro as ordered on 1-10-15.

For resident #2, the administrator failed to ensure that all medications and biologicals are administered to the resident in accordance with a medical care provider's written order, and professional standards of practice.

- Record review for resident #5 revealed admission on 4-25-13 with diagnoses Dementia, Depression, Hypothyroidism, Neuropathy, Hypertension, Xeropthalmia, and Seasonal Allergy.

The functional capacity screen dated 8-15-14 recorded resident unable to perform management of medications and treatments.

The negotiated service agreement dated 8-15-14 stated resident required assistance with all aspects of medication management on a daily basis.

Prescription signed by physician on 8-26-14:
Tobradex ophthalmic ointment: 1/4 inch strip of ointment into both eyes for 2 weeks then stop.

Physician orders:
Refresh Celluvisc 1% use 1 drop every 2-3 hours while awake in both eyes.
Genteal Gel 0.25-0.3% use at bedtime in both eyes.

Review of Medication Administration Record

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3200	Continued From page 10 (MAR) for September 2014 revealed the following: Levothyroxin 25 mcg (micrograms) 1 tab (tablet) by mouth daily for hypothyroidism: lacked documentation of administration at 6 am on 9-5-14. Genteal Gel 0.3% use in both eyes at bedtime for Xeropthalmia: lacked documentation of administration at 8 pm on 9-7-14. Tobradex ophthalmic ointment 1/4 inch strip of ointment into both eyes at bedtime for 2 weeks then stop for inflammation: lacked documentation of administration at 8 pm on 9-1-14, 9-11-14 and 9-12-14. Refresh Celluvisc 1% ophthalmic drops (no indication) use 1 drop in both eyes every 2-3 hours while awake: lacked documentation of administration on 9-1-14 at 6 am, 3 pm and 6 pm; 9-2-14 at 6 am; 9-3-14 at 6 am; 9-6-14 at 6 am; 9-7-14 at 6 am; 9-8-14 at 6 am; and 9-9-14 at 6 am. The record further lacked documentation regarding reason medications not administered. Interview on 1-15-15 at 2:35 pm with licensed nurse A confirmed the above medications lacked documentation of administration as listed and further lacked documentation as why not administered. For resident #5, the administrator failed to ensure that all medications and biologicals are administered to the resident in accordance with a medical care provider's written order, and professional standards of practice.	S3200		
S3210 SS=D	26-41-205 (e) (f) Medication Verbal Orders and Standing Orders (e) Medication orders. Only a licensed nurse or	S3210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3210	Continued From page 11 a licensed pharmacist may receive verbal orders for medication from a medical care provider. The licensed nurse shall ensure that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. (f) Standing orders. Only a licensed nurse shall make the decision for implementation of standing orders for specified medications and treatments formulated and signed by the resident ' s medical care provider. Standing orders of medications shall not include orders for the administration of schedule II medications or psychopharmacological medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(e) The facility reported a census of 64 residents. The sample included 3 residents and 3 closed record reviews. Based on record review and interview for 1 (#3) of 3 sampled residents, the administrator failed to ensure the licensed nurse ensured that all verbal orders are signed by the medical care provider within seven working days of receipt of the verbal order. Findings included: - Record review for resident #3 revealed admission on 1-19-13 with diagnoses Depression, Pain, Hypertension, Hypothyroidism, Hyperlipidemia, Hypercholesterolemia, Gastroesophageal Reflux Disorder and Edema. The functional capacity screen dated 10-5-14 recorded resident unable to perform management of medication and treatments.	S3210		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046086	A. BUILDING: _____ B. WING _____	C 01/20/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTON HOUSE OF PRAIRIE VILLAGE	2700 SOMERSET DRIVE PRAIRIE VILLAGE, KS 66206

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3210	Continued From page 12 The negotiated service agreement dated 10-5-14 recorded assistance with all aspects of medication management on a daily basis. Record review of verbal orders revealed the following: 12-15-14: May crush all medications except metoprolol and pantoprazole. The order lacked a physician signature. Interview on 1-15-15 at 3:37 pm with licensed nurse A confirmed the order lacked a physician signature. For resident #3, the licensed nurse ensured that the verbal order was signed by the medical care provider within seven working days of receipt of the verbal order.	S3210		